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|--|--|--|
| DATE: | | OFFICIAL |
| PTO IDENTIFIER: Application Number 10/730,892 Patent Number | | |
| Inventor: Katherine L. Saenger et al. | | |
| MESSAGE TO: US Patent and Trademark Office FAX NUMBER: (703) 872-9306 | | |
| FROM: CONNOLLY BOVE LODGE & HUTZ LLP Matthew J. Mason PHONE: (202) 331-7111 Attorney Dkt. #: 20140-00316-US | | |
| PAGES (Including Cover Sheet): 11 | | |
| CONTENTS: | Missing Parts Transmittal (1 page); Fee Transmittal (1 page); Declaration (2 pages); Associate Power of Attorney (2 pages); Copy of NTFMP (2 pages); Certificate of fax Transmission (1 page); and Authorization to charge Deposit Account 22-0185 \$130 for late declaration. | |
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PTO/SB/97 (12-97)

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PTO/SB/21 (05-03)

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| | | | |
|--|---|------------------------|----------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/730,892 |
| | | Filing Date | December 10, 2003 |
| | | First Named Inventor | Katherine L. Saenger |
| | | Art Unit | 2811 |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number | 20140-00316-US |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 (Declaration and fees) | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (Associate Power of Attorney) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | CONNOLLY BOVE LODGE & HUTZ LLP Matthew J. Mason - 44,904 |
| Signature |  |
| Date | March 19, 2004 |

PTO/SB/17 (10-03)
Approved for use through 7/31/2005, OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

| | | | |
|-------------------------------------|--|--------|--|
| TOTAL AMOUNT OF PAYMENT (\$) | | 130.00 | |
|-------------------------------------|--|--------|--|

| | | | |
|--|--------------------------------------|---|--|
| METHOD OF PAYMENT (check all that apply) | | Complete if Known | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other <input type="checkbox"/> None |
| <input checked="" type="checkbox"/> Deposit Account: | | Application Number 10/730,892 | |
| Deposit Account Number 50-0510 | | Filing Date December 10, 2003 | |
| Deposit Account Name IBM CORPORATION (YORKTOWN) | | First Named Inventor Katherine L. Saenger | |
| The Director is authorized to: (check all that apply) | | Examiner Name Not Yet Assigned | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input checked="" type="checkbox"/> Credit any overpayments | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | Art Unit 2811 | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Attorney Docket No. 20140-00316-US | |

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|------------------------|--|------------------------------------|--|
| FEE CALCULATION | | FEE CALCULATION (continued) | |
|------------------------|--|------------------------------------|--|

| 1. BASIC FILING FEE | | 3. ADDITIONAL FEES | |
|---------------------|---------------|----------------------------------|---------------|
| Large Entity | Small Entity | Large Entity | Small Entity |
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) |
| 1001 770 | 2001 385 | 1051 130 | 2051 65 |
| 1002 340 | 2002 170 | 1052 50 | 2052 25 |
| 1003 530 | 2003 265 | 1053 130 | 1053 130 |
| 1004 770 | 2004 385 | 1812 2,520 | 1812 2,520 |
| 1005 160 | 2005 80 | 1804 920* | 1804 920* |
| | | 1805 1,840* | 1805 1,840* |
| | | 1251 110 | 2251 55 |
| | | 1252 420 | 2252 210 |
| | | 1253 950 | 2253 475 |
| | | 1254 1,480 | 2254 740 |
| | | 1255 2,010 | 2255 1,005 |
| | | 1401 330 | 2401 165 |
| | | 1402 330 | 2402 165 |
| | | 1403 290 | 2403 145 |
| | | 1451 1,510 | 2451 1,510 |
| | | 1452 110 | 2452 55 |
| | | 1453 1,330 | 2453 665 |
| | | 1501 1,330 | 2501 665 |
| | | 1502 490 | 2502 240 |
| | | 1503 640 | 2503 320 |
| | | 1460 130 | 1460 130 |
| | | 1807 50 | 1807 50 |
| | | 1806 180 | 1806 180 |
| | | 8021 40 | 8021 40 |
| | | 1809 770 | 2809 385 |
| | | 1810 770 | 2910 385 |
| | | 1901 770 | 2801 385 |
| | | 1802 900 | 1602 900 |
| | | Other fee (specify) 1517 | |
| | | Reduced by Basic Filing Fee Paid | |
| | | SUBTOTAL (3) (\$) | 130.00 |

| | |
|--|---------------|
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | |
| Total Claims 32 | -32** = |
| Independent Claims 2 | -3** = |
| Multiple Dependent | |
| Large Entity | Small Entity |
| Fee Code (\$) | Fee Code (\$) |
| 1202 18 | 2202 9 |
| 1201 86 | 2201 43 |
| 1203 290 | 2203 145 |
| 1204 86 | 2204 43 |
| 1205 18 | 2205 9 |
| | |
| SUBTOTAL (2) (\$) | 0.00 |

**or number previously paid, if greater; For Reissues, see above

| | | | |
|------------------------------------|--|---------------------------------|--|
| SUBMITTED BY | | (Complete if applicable) | |
| Name (Print/Type) Matthew J. Mason | Registration No. (Attorney/Agent) 44,904 | Telephone (202) 331-7111 | |
| Signature <i>Matthew J. Mason</i> | | Date March 19, 2004 | |